

later, it is our turn. The bipartisan case for investing in clean water infrastructure has never been stronger.

Every single American deserves access to clean and safe drinking water. So let's get to work. Let's pass the Families of Flint Act, and let's work on a national clean water infrastructure plan to prevent another disaster like this from happening in the future.

THE ZIKA VIRUS AND GUN SAFETY

(Ms. PLASKETT asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. PLASKETT. Mr. Speaker, I rise to echo the pleas of the American people, especially those in my own home district of the United States Virgin Islands, in calling for this Congress to pass a Zika funding bill and to pass commonsense gun safety legislation.

It has been more than 6 months since the President submitted a plan to this Congress and almost 3 months since House Democrats took to the floor to call for a vote on commonsense gun safety legislation. Instead of passing these bills, Congress has decided to focus its attention on politically charged investigations into investigations. While this Congress was in its longest recess in 60 years, the number of overall confirmed Zika cases and the number of Americans killed and wounded by gun violence continued to grow.

There have been 4,500 lives lost to gun violence in the time that we have been out in recess. This number, sadly, includes the lives of almost a dozen young men and women in the Virgin Islands, including the lives of two police officers and a firefighter. Additionally, there are now more than 11,000 confirmed cases of Zika in the United States, 243 of those confirmed cases being in the U.S. Virgin Islands, and 14 of those are pregnant women.

The lifetime cost of treating a child with microcephaly is estimated to be more than \$10 million for that child—a cost that will only exacerbate the financial woes of this country's and the territories' public health apparatus. The lack of funding for these public health activities will put hundreds of thousands of pregnant women at risk.

Mr. Speaker, I call on this Congress to act quickly and fully fund the President's emergency request to fight the Zika virus as well as to pass lifesaving, commonsense gun safety legislation.

THE ZIKA VIRUS: A PUBLIC HEALTH EMERGENCY

(Ms. JACKSON LEE asked and was given permission to address the House for 1 minute.)

Ms. JACKSON LEE. Mr. Speaker, you have heard the cries of our colleagues. You have heard the cries of the American people. Redundancy is not a question here. It is telling the

truth. In fact, our health professionals have indicated that the Zika virus presents an unprecedented threat to the people of our Nation, especially to pregnant women. We cannot hear this often enough, and although busy with the beginning of the school year and with going back to work, it is important to warn the American people of this impending and ongoing threat.

While we are fiddling and doing things that have no impact on providing a portion of the \$1.9 billion that is needed by the American people, we have 1,600 cases of Zika virus in the United States—200 plus women who are pregnant and 35 known transmitted diseases here in the United States of the Zika virus. We also now know, through health professionals, that it is sexually transmitted. We know that the entire United States is vulnerable, but most of the vulnerable States are in the Gulf region.

It is time now to address the question of funding without riders, like preventing Planned Parenthood from getting funding, and without riders for allowing the Confederate flag to be in a veterans' cemetery.

Where is our concern about the American people—for the people in Louisiana with a lot of water? for the people in Texas with a lot of water? in Florida? in Puerto Rico?

It is important that this funding comes now to rapidly expand mosquito control programs and to accelerate a vaccine. That is really important—to be able to provide the American people with a vaccine. They are in the midst of the research. They need the funding. The CDC and the NIH have reprogrammed more money than they have to try to help those who are desperate.

I make the argument that it is time now for us to do the job. The other body needs to engage in providing a bill, and this body, this House, needs to stop playing those kinds of politics and provide the funding—the funding that does not take from Ebola but the funding that the American people need to be safe.

Mr. Speaker, we are currently in a state of a public health crisis as a result of the growing rate of Zika infections across the country.

Sadly, we are failing as our nation's leaders in our ability to respond to this crisis.

As days and month go by it is alarming and the level of action and inaction my colleagues are taking to hamper the ability of our federal government to respond to this rapidly growing public threat.

In particular, I am concerned that we—as a body of Congress—have not taken the critical steps to move forward and appropriate necessary funding that will help screen, treat, vaccinate and test deadly cases of Zika infections.

According to the Coalition for Sensible Safeguards, Congress should be looking for ways to strengthen our nation's regulatory system by identifying gaps and instituting new science-based safeguards for the public.

I cannot agree more—as we are now in perilous times where the Zika virus presents unprecedented threats to the people of our nation.

As cited by Tom Frieden, Director of the Centers for Disease Control and Prevention and Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health in an op-ed, dated August 21, 2016:

There have been more than 16,800 cases of Zika infection reported to the Centers for Disease Control and Prevention in the U.S. and its territories, including more than 2,700 on the mainland.

Laboratory tests have confirmed that 1,595 pregnant women have been infected with the virus, and tragically, 17 babies have been born with birth defects related to Zika.

As highlighted by Frieden and Fauci—"We have an obligation to meet the Zika threat and protect this country"—as "the potential cost of a funding shortfall will be measured in human misery and even death."

Now is not the time to pass measures or engage in futile debates that will undermine or slow the ability of our federal and local governments to address and respond to this growing threat and active cases of Zika infections.

Rather, we need to invest in stopping this deadly, but preventable virus, before it is too late.

We cannot afford to stand by with our hands tied any longer.

Our limited time as the days in September wain down cannot be wasted.

We should be focused on the crucial mission of protecting our nation's people.

That is why, in these critical times of need, I am calling upon my colleagues to place the growing epidemic of the Zika virus at the top of our priorities and demand no less than fully financed measures to timely and adequately respond to this devastating and deadly public health emergency.

[From Time, Sept. 7, 2016]

HOW TO FIGHT ZIKA AND CURE NATION'S AILING PUBLIC HEALTH SYSTEM—ENACT A LAW TO RESPOND QUICKLY TO THREATS

(By Sheila Jackson Lee)

There is an excellent model that demonstrates how the U.S. should reform the current reactive model of public health emergency management—it is the solution found to address disasters established by the Stafford Disaster Relief and Emergency Assistance Act. Under the Stafford Act, enacted in 1974 and later updated in 1988, authorizes the President of the United States, when disaster strikes, to deploy the coordinated efforts and resources of the federal government to save lives and property, and restore communities hit hard by a calamity. The federal government provides warnings of hurricanes and floods, and in cases of wildfires dispatches resources to extinguish flames before they threaten people and property.

The knowledge of public health experts, the Centers for Disease Control and Prevention, policy makers, health-care professionals and patient advocacy organizations should be brought together with the relevant committees in the House and Senate to develop measurable criteria to create baselines for defining, responding and mitigating public health threats to effectively and immediately without the delay engendered by the need for Congress to pass an emergency supplemental appropriations.

The U.S. must be capable of responding quickly to emerging threats that are identified anywhere in the world. The Ebola and Zika viruses for examples existed in other

nations for many years before they became a clear and present threat to public health in the Western Hemisphere and the U.S. The cost of waiting until a public health threat is present in the U.S. increases the threat to our nation's public health systems; it reduces the likelihood of success in winning the battle against a pathogen and it risks a new contagious disease becoming endemic—akin to the common cold. In addition, the cost of putting down a public health threat increases as time passes.

There is a long history of threats to public health posed by pathogens. In March 1918, in Kansas, the U.S. had its first case of the Spanish Flu, which is recorded as the first H1N1 flu epidemic. This pandemic killed 50 million persons worldwide it ended abruptly in 1919. The mortality rate of the Spanish Flu was as high as 1 death for every 5 infections and 50% of the deaths, or about 25 million, occurred in the first 25 weeks of the outbreak. We are now in the 31st week of the Zika Virus global health emergency, which was declared by the World Health Organization on Feb. 1, 2016.

The world is still battling the HIV/AIDS global pandemic, which became known to public health experts well before the disease made it into the United States. Still, it took President Clinton's efforts to put the full force of the federal government behind finding an effective treatment for HIV that slowed the progression of the disease from becoming full blown AIDs. By 2011, more than 60 million people globally had been infected by AIDS and 25 million had died.

The legislative process has proven itself not to respond in a timely manner to public health threats. The U.S. to be more robust enough needs to have in place mechanisms designed to respond systemically to federally declared public health emergencies and deliver assistance to support state and local governments in carrying out their responsibility to protect the public health. This is the second time in three years that a global health emergency has been declared that required Congress to act by passing a new law to fund the national response. This is the second time that the legislative process failed to act quickly when the public health threat was known and its consequences were clearly understood by domestic infectious disease experts.

On Aug. 24, 2014, the Democratic Republic of the Congo Ministry of Health notified the World Health Organization of an outbreak of Ebola virus. On Oct. 8, 2014, Ebola claimed the life of Thomas Eric Duncan after he presented symptoms at the time of admission to an emergency room. He had recently traveled to a country where the disease was actively being transmitted; he had a fever over two degrees accompanied by abdominal pain, dizziness, nausea and headache. Communications had gone to public health officials, hospitals, and health-care providers from the Centers for Disease Control stating that all patients should be asked whether they had traveled to West Africa recently; and checked for symptoms of Ebola, which include a dangerously high fever, abdominal pain, nausea and headache. Unfortunately, Mr. Duncan having all of the symptoms to be considered a possible Ebola patient was not admitted for observation, tests, and treatment, but instead sent home.

As of April 13, 2016, globally there were 28,652 suspected Ebola cases; 15,261 laboratory confirmed Ebola cases and 11,325 deaths from Ebola. Today, the CDC continue to monitor for Ebola disease outbreaks. We can no longer act as if a disease outbreak in a nation on the other side of the world has no relevance or importance to the public health status of communities within the U.S. In fact, we know that this is not the case. H1N1,

Ebola, and Zika viruses are hard lessons to the global health community teaching that the world has changed and that it is time the U.S. adjusts by becoming proactive and cease being reactive in preparing for and defending against public health threats and emergencies.

Establishing a model that is quantitative and based upon measurable changes in public health conditions around the world as well as within the U.S. and having the capacity to react quickly can save lives and assures public health system stability. Our nation has some local health-care systems that are second to none, such as the Houston Medical Center, but our national public health system has glaring weaknesses when handling pathogens that may be as dangerous as Ebola and as contagious as the Spanish Flu. There are only four hospitals in the U.S., and a total of 15-16 beds, for persons infected with a human viral hemorrhagic fever: Emory University Hospital in Atlanta has two Ebola beds, St. Patrick Hospital in Missoula, Montana, has one or two; National Institutes of Health in Bethesda, Maryland, has the capacity to treat two patients in its Special Clinical Studies Unit, according to the National Institute of Allergy and Infectious Diseases at the NIH; and Nebraska Medical Center in Omaha, reportedly has a biocontainment facility with 10 beds total.

The public health challenge for our nation is to effectively address the sudden emergence of a highly contagious pathogen with a mortality rate of 1 in 5 so that the public health threat may be identified within hours of patient zero, a team of public health experts deployed with the requisite equipment and resources within 24 hours to any point on the globe, establish field labs, hospitals, coordinate with local public health officials, communicate with public health and disease experts globally; type and identify the threat; its method of transmission; and determine what is needed to contain the threat; while beginning work on treatments and potential cures. Their work would also be to calculate mortality rates and the point when the disease may become endemic over a 25 week time period to stop its spread, which should include communicating to local, state and tribal public health officials' the information they will need to prepare to face the threat that may be just a flight away.

A Public Health Relief and Emergency Assistance Law is overdue—I urge the leadership of the House and the Senate to work in a bipartisan fashion to put on the desk of the President of the United States a law that will be the cure for the weaknesses in our nation's public health system when it is faced with public health emergencies.

President Obama is calling on Congress to fight the Zika virus by providing \$1.8 billion in emergency funds to:

Rapidly expand mosquito control programs.

Accelerate vaccine research and diagnostic development

Educate health providers, women, and partners about the disease.

Improve health services and support for low-income pregnant women.

Help Zika-affected countries better control transmission.

HOW IS ZIKA TRANSMITTED?

Zika is primarily spread to people through the bite of infected Aedes mosquitoes. It can also be transmitted from a pregnant mother to her baby during pregnancy, though we do not know how often that transmission occurs.

There is also evidence that the Zika virus can be sexually transmitted by a man to his

partners. At this time, however, there is no evidence that women can transmit the Zika virus to their sex partners. You can learn more about the Zika virus and guidance to avoid sexual transmission.

WHERE ARE PEOPLE CONTRACTING ZIKA?

People are contracting Zika in areas where Aedes mosquitoes are present, which include South America, Central America and the Caribbean. As the CDC notes, specific areas where the Zika virus is being transmitted are likely to change over time.

WHO IS AT RISK OF BEING INFECTED?

Anyone who is living in or traveling to an area where the virus is found is at risk for infection.

WHY ARE THERE SPECIFIC RECOMMENDATIONS FOR PREGNANT WOMEN?

There may be a link between a serious birth defect called microcephaly—a condition in which a baby's head is smaller than expected—and other poor pregnancy outcomes and a Zika infection in a mother during pregnancy. While the link between Zika and these outcomes is being investigated the CDC recommends that you take special precautions if you fall into one of these groups:

If you are pregnant (in any trimester):

You should consider postponing travel to any area where the Zika virus is active.

SUPPLEMENTAL APPROPRIATIONS FOR FLOODING IN LOUISIANA

(Mr. GRAVES of Louisiana asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GRAVES of Louisiana. Mr. Speaker, yesterday I had the opportunity to come and update the House on the flooding conditions in the State of Louisiana. I talked about how this is, potentially, the fourth most costly flood disaster in U.S. history. Louisiana received 31 inches of rain in a 36-hour period, which is what the American average rainfall is. It would translate to nearly 25 feet of snow if it were a snowstorm.

Mr. Speaker, I want to put this in a personal context. Think about a person who owns a \$200,000 house. That person's house is now worth \$100,000 because it is flooded and gutted. That person is going to have to pay \$120,000 to finish his mortgage, which means he is upside down on his mortgage. It is going to cost him \$80,000 to rebuild his house, \$40,000 to replace his car, \$10,000 to replace his wardrobe.

Mr. Speaker, the Stafford Act is insufficient to address these financial situations that people are facing today. This isn't one person. This is tens of thousands of homeowners and businessowners across south Louisiana who are facing this impossible financial decision before them in the coming weeks.

I urge the White House to immediately send a supplemental appropriations request to the Congress. Let's get working on this and resolve this issue. Make this an easy decision for folks back home so we can get back on our feet.